



PROTECTIVE PAYEE PLAN

Provide a completed copy of this plan to the assigned Protective Payee Vendor.

Date: From _____ To _____

1. COMMUNITY SERVICES OFFICE (CSO)	
2. SOCIAL WORKER/CASE MANAGER'S NAME	3. TELEPHONE NUMBER
4. RECIPIENT'S NAME	
5. RECIPIENT'S ASSISTANCE UNIT ID NUMBER	6. RECIPIENT'S CASE ID NUMBER

SECTION I. PROTECTIVE PAYMENT PLAN

Check the boxes which describe the protective payment plan.

- ☐ TANF/SFA (Temporary Assistance to Needy Families/State Family Assistance) relative payee has failed to cooperate with WorkFirst employment and training requirements. Protective payments to continue until relative payee cooperates. Protective payee vendor urges person to get a job and cooperate with WorkFirst employment and training requirements.
- ☐ Need for protective payments for a TANF/SFA case without a relative payee due to an emergency. Plan to resolve emergency: _____
- ☐ Need for protective payments based on mismanagement of funds. TANF/SFA relative payee or GA/SSI (General Assistance/Supplemental Security Income) client has potential to manage funds. Specific services to achieve management are:
1. Money management training: _____
 2. _____
 3. _____
 4. _____
- ☐ Need for protective payments based on mismanagement of funds and TANF/SFA relative payee or GA/SSI client will not be able to resume management of funds. Specific evidence of inability is: _____
- Guardian for TANF/SFA dependent child(ren) initiated on: _____
- ☐ Other services: _____

SECTION II. BUDGET AND SPENDING PLAN

- ☐ Use basic needs budget priorities: ☐ Housing ☐ Utilities ☐ Clothing ☐ Food
- ☐ Distribute remaining client funds, as follows: _____
- ☐ Childcare. Work with Childcare Provider to complete billing and make payments.

SOCIAL WORKER'S/CASE MANAGER'S SIGNATURE AND PRINTED NAME	DATE
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SECTION III. CLIENT PARTICIPATION

CLIENT'S SIGNATURE AND PRINTED NAME	DATE	<input type="checkbox"/> Client Unavailable/ Non-cooperative; date: _____
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COMMENTS

SECTION IV. SUPERVISORY REVIEW

PROTECTIVE PAYEE PLAN IS:	SOCIAL SERVICES/WORKFIRST SUPERVISOR'S SIGNATURE AND PRINTED NAME	DATE
<input type="checkbox"/> Approved <input type="checkbox"/> Denied		

COMMENTS

How to Complete and Use the Protective Payee Plan, DSHS 14-349(X)

Completing this Form

1. The Social Worker/Case Manager completes a Protective Payee Plan, DSHS 14-349(X), when a client is first assigned to a protective payee and when a case is reviewed and protective payee assignment is continued.

The Social Worker/WorkFirst Case Manager:

- a. Enters Items 1 through 6 and the "Date From and To" lines.
 - b. Checks the appropriate boxes in Sections I and II and adds comments and instructions to the protective payee, as needed.
 - c. Signs and dates the form.
2. The Social Worker/WorkFirst Case Manager discusses the plan with the client.
 - a. If the client is available, the client signs and dates the form.
 - b. If the client is non-cooperative or unavailable, the Social Worker/WorkFirst Case Manager checks the box, dates the form, and adds appropriate comments in the space provided.
 3. The Social Worker or WorkFirst Case Manager Supervisor reviews the plan. If approved, they sign and date the plan and add any comments.
 4. The Social Worker/WorkFirst Case Manager distributes the plan.
 - a. Place the white original in the service/WorkFirst file.
 - b. Send the yellow copy to the assigned protective payee.
 - c. Give/send the pink copy to the client.
 - d. Place the goldenrod copy in the financial file.

Client Rights and Notification Regarding the Protective Payee Plan, DSHS 14-349(X)

Client Notification

If a protective payee plan is created or changed, a copy must be sent to the client.

Fair Hearing Information

If you disagree with the decision assigning you to a protective payee or this plan, you can ask for a fair hearing. To request a fair hearing, contact the Community Services Office (CSO) or write to the Board of Appeals, Department of Social and Health Services, PO Box 2465, Olympia WA 98504. You must request a hearing within 90 days of the date you receive your copy of this plan.

At the hearing, you have the right to represent yourself, be represented by an attorney or by any person you choose. You may be able to get free legal advice or representation by contacting an office of legal services.

Department Conference

You may have a conference with a financial worker, WorkFirst Case Manager, social worker, or supervisor to discuss the action proposed in this letter. Having a conference will not delay or replace a fair hearing and it may resolve the problem sooner.

Non-Discrimination

Our programs are provided for everyone without regard to race, color, sex, age, handicap, religious or political beliefs, or country of birth.